## PART B - FEE(S) TRANSMITTAL

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						(Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1.	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
100	10/808,260 03/23/2004  FITLE OF INVENTION: METHOD AND APPARATUS FOR DETECT		Michael D. Brent			4180	
TITLE OF INVENTION	: METHOD AND APPA	RATUS FOR DETECT	ION OF HOSTILE SOFTV	VARE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/06/2010	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	1	*****	***************************************	
BAYOU, YONAS A		2434	713-200000	J			
1. Change of correspondence address or indication of "Fee Address" (37				ting on the patent front page, list			
CFR 1.363).		•	(1) the names of up to 3 registered patent attorneys I Townsend and Townsend and Crew L				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2-registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is itsed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or tyr	oc)			
PLEASE NOTE: Uni recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee eletion of this form is NO	data will appear on the part of a substitute for filing an	stent. If an assignee assignment.	is identified below, the de	ocument has been filed for	
(A) NAME OF ASSIG	SNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Network Equipr	nent Technologies, In	0.	Fremont, California	1			
Please check the appropr	iate assignee category or	categories (will not be po	rinted on the patent):	Individual 🖾 Corp	oration or other private gro	up entity Government	
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Plea	se first reapply any	previously paid issue fee:	shown above)	
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Advance Order -		5	The Director is hereby	authorized to charge	the required fee(s), any de 201430 (enclose a	ficiency, or credit any n extra copy of this form).	
5. Change in Entity Sta	tus (from status indicated				ENTITY status. See 37 Cl		
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	/Robert C. Co				January 4, 2010		
Typed or printed name Robert C. Colwell			Registration No. 27,431				
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est v depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 mi idual case. Any com r, U.S. Patent and Tr ) THIS ADDRESS.	public which is to file (and nutes to complete, includin ments on the amount of tir ademark Office, U.S. Depa SEND TO: Commissioner	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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